


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR -4 PM 4:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT.# P 96000058117					
1. Corporation Name PROJETTA OF AMERICA, Corp.					
Principal Place of Business 6610 N.W. 82 AVE MEDLEY, FL. 33166			Mailing Address		
If above addresses are incorrect in any way, line through incorrect information and enter correction below					
2. New Principal Office Address, If Applicable 8006 N.W. 29 ST Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 25 SE 2 AVE Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 07-10-96	
City & State MIAMI, FL.		City & State MIAMI, FL.		5. FEI Number 65-0680366 Applied For Not Applicable	
Zip 33122		Zip 33131		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
P/S/D	TEIXEIRA, CARLOS	6061 COLLINS AVE #100	MIAMI BEACH, FL. 33140		
D	ARONOVSKI, RICARDO	25 SE 2 AVE # 410	MIAMI, FL. 33131		
8. Name and Address of Current Registered Agent CARLOS TEIXEIRA 6610 N.W. 82 AVE MEDLEY, FL. 33166					
9. Name and Address of New Registered Agent Name: JOSE M. VEGA Street Address (P.O. Box Number is Not Acceptable) 25 S.E. 2 AVE Suite, Apt. #, Etc. 410 City MIAMI State FL Zip Code 33131					
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 1-29-99					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax)					
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE:  DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1-29-99 (154) 431-5310 Daytime Phone #					